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FACSIMILE TRANSMITTAL

TO:

FROM:

Name: Mail Stop AMENDMENT

Group Art Unit 3764/Examiner M. Brown

Name:

Amedeo F. Ferraro

Firm: U.S. Patent & Trademark Office

Phone No.: 310-286-9800

Fax No.: 571-273-8300

No. of Pages (including this): 28

Subject: U.S. Patent Application No. 08/480,908

Date:

June 28, 2006

Gary K. Michelson Filed: June 7, 1995

THREADED FRUSTO-CONICAL INTERBODY

SPINAL FUSION IMPLANTS Attorney Docket No. 101,0053-00000

Customer No. 22882 Confirmation No.: 9745 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; total amount of \$1,020.00 to cover the three-month extension fee is to be charged to Deposit Account No. 50-3726) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on June 28, 2006.

Sandra L. Blackmon

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FORM PTO-1083

JUN 2 8 2006

PATENT

Attorney Docket No.: 101.0053-00000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gary K. Michelson Serial No: 08/480,908

Confirmation No. 9745

Group Art Unit: 3764

Examiner: Michael Brown

Filed: June 7, 1995 THREADED FRUSTO-CONICAL

INTERBODY SPINAL FUSION IMPLANTS

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in response to the Office Action dated December 28, 2005 for the aboveidentified application.

No additional fee is required.

図 Applicant hereby requests a three-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMB PREVIOUSLY PAID		(Col. 3) PRESENT EXTRA	LG/SM \$ ENTITY FE	E	DNE D'L
TOTAL CLAIMS FEE	181	-	185	-	0	LG=\$50 \$	50	\$ 0
INDEPENDENT CLAIMS FEE	8		10	100	0	LG=\$200 \$2 SM=\$100	00	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180								\$ 0
					_	TO	AL	\$ 0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- X A fee in the total amount of \$1,020.00 to cover the three-month extension of time is to be charged to Deposit Account No. 50-3726.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this X communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
 - 区区 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & FERRARO, LLP

Date: June 28, 2006

hedeo F. Fertaro

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JUN 2 8 2006

Patent Attorney Docket No. 101.0053-00000 Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) Confirmation No.: 9745
Gary K. Michelson)
Serial No.: 08/480,908) Group Art Unit: 3764
Filed: June 7, 1995) Examiner: Michael Brown
For: THREADED FRUSTO-CONICAL) Examiner, Michael Blown
INTERBODY SPINAL FUSION	\
IMPLANTS	\

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir.

AMENDMENT

In reply to the Office Action dated December 28, 2005, the period for reply having been extended for three (3) months by a request for extension and fee payment filed concurrently herewith, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 20 of this paper.

06/30/2006 BABRAHA1 00000056 503726 08480908 01 FC:1253 1020.00 DA